

- ☐ New
☐ Renewal
☐ Alarm Tech
☐ Alarm Tech Temp

Keyed by: _____
 Check #: _____
 Invoice #: _____
 For LMPD Purposes Only

LICENSE APPLICATION **Alarm Technician – Alarm Technician Temporary** **Louisville Metro Police Department**

Make check payable to: False Alarm Reduction Program
 Mail application and required forms to: Pam Steiger, LMPD
 633 W Jefferson St.
 Louisville, KY 40202

Annual License Fee - \$25.00

Applicant Name:		License #	License Expires:
Fill out and complete attached form: Background Check		Email: _____	
Address _____			
City		State	Zip
Numbers where you can be reached	Day		Evening
Birth Date: ____/____/____ Enclose a copy of a government issued photo ID . Applicant must be at least 18 years of age. MM DD YYYY MANDATORY REQUIREMENT			
Please list below the Names, Address, and License Number for all Alarm Businesses you work for as an employee or sub-contractor. (Please include a separate sheet for additional names)			
Name	Address		License #
Name	Address		License #
Name	Address		License #
Have you ever been convicted of: (If so, please attach letter of explanation.)			
Violent Crimes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sexual Offenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Theft or Fraud Related Offenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
To receive a license, please see the below MANDATORY REQUIREMENTS: Six month license: Temporary technicians that have not taken and passed Level 1 Certification. License will be revoked if Level 1 certificate is not provided within the six month period. Twelve month license: Technician can provide proof of <u>current</u> Level 1 Certification or its equivalent – OR – can provide proof of <u>current</u> 1.2 continuing education units. Level 1 Certification is mandatory for working in Louisville/Jefferson Cty, KY.			

I hereby affirm that I have not made any false statement of a material matter for the purpose of obtaining a license. I have not violated the provisions of Chapter §127 or failed to provide all the information required by §127.09. I understand Violation of §127.09 shall be sufficient cause for refusal to issue a license or to revoke a license.

I further understand that the above information will be used by the Louisville Metro Police Department to issue an alarm technician license or an alarm technician temporary license and any untruthfulness or falsification with intent to mislead may result in my prosecution under Kentucky revised statute 523.100.

Applicant's signature _____ Date _____

THIS FORM SHALL BE NOTARIZED:

Subscribed and sworn before me _____ on the _____ day of _____, 20____.

Applicant's signature

Notary Public _____ (Seal)

State of _____

My Commission Expires: _____